

Classification

Approved For Release 2006/09/25 : CIA-RDP75-00399R000100120124-7

DDS/OL/SD-66

REPORTS INVENTORY

PREPARE IN DUPLICATE

XXXXXXX

1. TITLE OF REPORT (if a fill-in report include Form No.)

2. TYPE
OF
REPORT
☒ STATISTICAL
☐ NARRATIVE
☐ MACHINE-NAME LISTING
Allocation ☐ Activity Register

3. FUNCTIONAL AREA

<input type="checkbox"/>	PERSONNEL	<input type="checkbox"/>	TRAINING
<input checked="" type="checkbox"/>	LOGISTICS	<input type="checkbox"/>	SECURITY
<input type="checkbox"/>	MEDICAL	<input type="checkbox"/>	FINANCE

ADMIN. GENERAL

OTHER (specify)

4. NO. OF COPIES PREPARED

5. FREQUENCY (weekly, monthly, quarterly, etc.)

6. DISTRIBUTION (No. of components not number of copies)

1

Monthly

1

7. FORMAT (memorandum, form computer print-out, etc)

8. ADP PROCESSING

9. DIRECTIVE AUTHORITY REQUIRING REPORT

☒

YES

IF YES GIVE ADP PROCESSING NO.

☐

NO

122

Computer Print-Out

10. PREPARING COMPONENT (include lowest level contributing information to report)

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

OCS, OL/SD/SMB/GMMS

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
GS-11	5.72	40		228.80	12		2,745.60

B. COSTS OF COMPUTER PRODUCED REPORTS

				.75	12		9.00
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TOTAL COSTS PER YEAR

2,754.60

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

Required for the maintenance of on-loan Agency property. Intensive management of this property is required to ensure that existing procedures on the proper use of this category of material are not abused.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

ESTIMATED SAVINGS

☒ RETAIN AS IS ☐ OTHER (explain).
☐ CHANGE
☐ DISCONTINUE

MAN-HOURS

DOLLARS

STAT

16. DATE OF INVENTORY

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

18. EXTENSION

25 Sept 70

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- AC/OL/SD/SMB/GMMS

FORM 9-70

142

Classification

(22 of 10)

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